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## **Histories of Medicine in the Household: Recovering Practice and**

### **'Reception'**

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#### **Abstract:**

Introducing the essays in this special issue on medicine in the household, Bivins, Marland and Tomes briefly sketch the existing historiography and argue for the enduring importance of the household as a site of medical decision-making and practice. The household as explored by this collection also offers a valuable space within which to test new methodologies addressing the challenges that face historians and other scholars seeking to tracing the reception, adoption and adaptation of new knowledge, practices and products.

#### **Author Bios:**

Roberta Bivins is Professor of History at the Centre for the History of Medicine, University of Warwick. Her recent work has focused on medical responses to migration (*Contagious Communities: Medicine, Migration and the NHS in Post War Britain*, OUP 2015); alternative and global medicine; and the domestication of medical technologies. She is currently exploring the cultural history of the UK National Health Service.

Hilary Marland is Professor of History at the Centre for the History of Medicine, University of Warwick. She recently published *Health and Girlhood in Britain 1874-1920* (Palgrave Macmillan 2013), and, alongside her research into domestic medicine and health in the nineteenth-century, is working on a new project on prison medicine in the modern period in England and Ireland.

Nancy Tomes is SUNY Distinguished Professor at Stony Brook University. She specializes in the history of medicine and health in the United States. She is the author of four books, including *The Gospel of Germs: Men, Women and the Microbe in American Life* (Harvard, 1998), which won both the American Association for the History of Medicine's Welch medal and the History of Science Society's Davis prize, and *Remaking the American Patient: How Madison Avenue and Modern Medicine Turned Patients into Consumers* (UNC Press, 2016) From 2012 to 2014 she served as President of the American Association for the History of Medicine.

In recent years there has been a wealth of new scholarship on the circulation of commodities, information and ideas related to practices of medicine and health in the early modern household. This work has contributed to a rethinking of generalisations about the pre-1800 marketplaces of medicine, and how

individuals, families and households participated in them.<sup>1</sup> Importantly, thinking about households in this way has allowed historians to explore vital aspects of preventive and therapeutic activities that are often overlooked in grand narratives of scientific, market and professional change.

This scholarship has had far less to say about the period post-1800, and the significance of domestic spaces has been consistently understated in modern times. Beyond the US (with its more vigorous scholarship on the household as a source of medical know-how and activity), for this period, the assumption – if not stated, then implicit – has been of decreasing activity and declining influence for the household as a site of medical decision-making and knowledge

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<sup>1</sup> For example, Elaine Leong, 'Making Medicine in the Early Modern Household', *Bulletin of the History of Medicine*, 2008, 82, 145-68; Elaine Leong and Sara Pennell, 'Recipe Collections and the Currency of Medical Knowledge in the Early Modern "Medical Marketplace"', in Mark Jenner and Patrick Wallis, eds, *Medicine and the Market in England and Its Colonies c.1450-1850* (Houndmills: Palgrave Macmillan, 2007), 133-52; Sara Pennell and Michelle DiMeo, eds, *Reading and Writing Recipe Books, c.1500-1800* (Manchester: Manchester University Press, 2013); Ellen G. Gartrell, 'Women Healers and Domestic Medicine in 18<sup>th</sup> Century Philadelphia: The Recipe Book of Elizabeth Coates Paschall', *New York Journal of Medicine*, 1987, 81, 23-29; Laurel Thatcher Ulrich, *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary, 1785-1812* (New York: Knopf, 1990).

production.<sup>2</sup> Only in relation to the intersections between organised medicine and reproductive and child-rearing practices (again particularly in the United States) has this model been effectively challenged, primarily by feminist scholarship.<sup>3</sup> With regard to work on the medical marketplace, the realm of non-

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<sup>2</sup> See Lamar Riley Murphy, *Enter the Physician: The Transformation of Domestic Medicine, 1760-1860* (Tuscaloosa, AL and London: University of Alabama Press, 1991) which explores an emerging consensus in doctor-patient relationships that tended to reinforce family roles; Judith Walzer Leavitt, Guenter B. Risse and Ronald Numbers, eds, *Medicine Without Doctors: Home Health Care in American History* (New York: Science History Publications, 1977); Judith Walzer Leavitt, 'Fielding H Garrison Lecture: "A Worrying Profession": The Domestic Environment of Medical Practice in the Mid-Nineteenth Century', *Bulletin of the History of Medicine*, 1995, 69, 1-29; Emily K. Abel, *Hearts of Wisdom: Women Caring for Kin 1850-1940* (Cambridge: Harvard University Press, 2000). See also Mark Jackson, ed., *Health and the Modern Home* (London and New York: Routledge, 2007), and, for medical consumers, Nancy Tomes, *Remaking the American Patient: How Madison Avenue and Modern Medicine Turned Patients into Consumers* (Chapel Hill, NC: University of North Carolina Press, 2016); Alex Mold, *Making the Patient-Consumer: Patient Organisations and Health Consumerism in Britain* (Manchester: Manchester University Press, 2015).

<sup>3</sup> Johanna Schoen, 'Women, the Health Professions, and the State', *Journal of Women's History*, 2004, 16, 215-25 assesses this shift in a review essay; for examples of the approach, see Andrea Tone, *Devices and Desires: A History of*

professional practice post-1800 has been largely equated with the production and retail of patent, pre-prepared remedies, the commodification of medicine and health, and the persistence of ‘quack’ practice.<sup>4</sup> With a few honourable exceptions, the rapid diversification of domestic approaches to the prevention of ill health and the treatment of illness has been displaced until recently by accounts – whether laudatory or condemnatory – of powerful and specialised medical professionals, game-changing medical technologies and institutions, and

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*Contraceptives in America* (New York: Hill and Wang, 2001), which captures female patients as agents, actively choosing reproductive pathways, whether with or against medical advice; Lara Freidenfelds, *The Modern Period: Menstruation in Twentieth-Century America* (Baltimore, MD: Johns Hopkins University Press, 2009); and Heather Munro Prescott, *The Morning After: A History of Emergency Contraception in the United States* (New Brunswick, NJ: Rutgers University Press, 2011).

<sup>4</sup> The only essay dealing with the specifically medical marketplace post 1800 in Jenner and Wallis’s volume is Michael Brown, ‘Medicine, Quackery and the Free Market: The “War” against Morison’s Pills and the Construction of the Medical Profession, c. 1830-c. 1850’, in Jenner and Wallis, eds, *Medicine and the Market*, 238-61; for medical consumerism, see Takahiro Ueyama, *Health in the Marketplace: Professionalism, Therapeutic Desires, and Medical Commodification in Late-Victorian London* (Palo Alto, CA: The Social for the Promotion of Science and Scholarship, 2010); Lori Loeb, ‘Doctors and Patent Medicines in Modern Britain: Professionalism and Consumerism’, *Albion: A Quarterly Journal Concerned with British Studies*, 2001, 33, 404-25.

ever-more exclusive medical knowledge.<sup>5</sup> Yet the advent of broader perspectives on the 'medical marketplace' in the USA has offered an opportunity to re-focus

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<sup>5</sup> Foundational examples of this approach include William Bynum, *Science and the Practice of Medicine in the Nineteenth Century* (Cambridge: Cambridge University Press, 1994); Joel Howell, *Technology in the Hospital: Transforming Patient Care in the Early Twentieth Century* (Baltimore, MD: Johns Hopkins University Press, 1996); Stanley Joel Reiser, *Medicine and the Reign of Technology* (Cambridge: Cambridge University Press, 1978); Charles Rosenberg, 'The Therapeutic Revolution: Medicine, Meaning, and Social Change in Nineteenth-Century America', *Perspectives in Biology and Medicine*, 1977, 20, 485-506; Rosemary Stevens, *In Sickness and in Wealth: American Hospitals in the Twentieth Century* (Baltimore, MD: Johns Hopkins University Press, 1999); John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge and Identity in America* (Princeton, NJ: Princeton University Press, 1997); idem, 'The Fall and Rise of Professional Mystery: Epistemology, Authority, and the Emergence of Laboratory Medicine in Nineteenth-Century America', in Andrew Cunningham and Perry Williams, eds, *The Laboratory Revolution in Medicine* (Cambridge: Cambridge University Press, 1992), 310-41. See also the chapters on hospitals, the modern medical profession, and access to health care in Mark Jackson, ed., *The Oxford Handbook of the History of Medicine* (Oxford: Oxford University Press, 2014).

scholarly attention on the vast array of ideas, advice, products, goods, and the promotion of good household health over the long twentieth century.<sup>6</sup>

In part, scholarly inattention to flourishing domestic cultures of health, healing and medical decision-making reflects the fact that the 'household' itself, as Mark Jackson has observed in relation to the 'home', is a fluid and ill-defined site for historical examination in the modern period.<sup>7</sup> Whether we consider the traditional, preindustrial household incorporating an extended family plus workers of various types; the shrinking Victorian bourgeois family, with perhaps one or two domestic servants; or the modern nuclear family, we contemplate units that are far more than the sum of their individual parts.<sup>8</sup> Where and whom

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<sup>6</sup> Nancy Tomes, *The Gospel of Germs: Men, Women and the Microbe in American Life* (Cambridge, MA: Harvard University Press, 1998) was a key catalyst in this shift, promoting a proliferating literature uncovering new and heightened domestic activities in relation to medicine and health, particularly in US scholarship.

<sup>7</sup> Mark Jackson, "'Home Sweet Home' Historical Perspectives on Health and the Home", in Mark Jackson, ed., *Health and the Modern Home*, 1-17 at 3-5.

<sup>8</sup> Naomi Tadmor, 'Early Modern English Kinship in the Long Run: Reflections on Continuity and Change', *Continuity and Change*, 2010, 25, 15-48; G.K. Behlmer, *Friends of the Family: The English Home and its Guardians, 1850-1940* (Stanford, CA: Stanford University Press, 1998); Leonore Davidoff and Catherine Hall, *Family Fortunes: Men and Women of the English Middle Class, 1780-1850* (Chicago, IL: University of Chicago Press, 1987); Mary P. Ryan, *Cradle of the*

people live with – those spaces we designate with terms such as domestic, home, personal, private or familial – clearly are categories of enormous importance in the history of medicine and health. Their boundaries and meanings are hard to pin down, making it difficult to compare them across time. Still there is a great deal that scholars of the early modern and late modern periods can learn by attempting that comparison. Much scholarship on early modern recipe book collections, for instance, has focused on the kitchen as the place of preparation of family remedies, and the close proximity of medicine and cookery in both written recipe book collections and in the practical making up and cooking up of potions, lotions and medications.<sup>9</sup> But could the therapeutic household, as Sandra Cavallo suggests in her article on material culture in the sixteenth-century Italian home, include the architecture, interior design, the uses of spaces and management of air within the home?<sup>10</sup> And how does the bringing of new and increasingly accessible medical objects, such as the domestic weighing scale in the early twentieth-century bathroom, change the ways in which these places are envisaged and utilised by householders?

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*Middle Class: The Family in Oneida County, New York, 1790-1865* (New York: Cambridge University Press, 1981); Steven Mintz and Susan Kellogg, *Domestic Revolutions: A Social History Of American Family Life* (New York: Free Press, 1989).

<sup>9</sup> Leong, 'Making Medicine in the Early Modern Household'.

<sup>10</sup> See also Sandra Cavallo and Tessa Storey, *Healthy Living in Late Renaissance Italy* (Oxford: Oxford University Press, 2013).



These questions raise another challenge that has, thus far, limited critical scholarly attention to the continuing place of the household at the heart of social practices of health maintenance and therapeutics. Unlike the clinic, the hospital, and the laboratory, the quotidian domestic practices of cure and self-care leave behind relatively few documentary traces. How then, can we uncover the role of the household as a site, and householders as participants in the production and practice of ‘medicine’? This collection of essays, taking an extended perspective, from the healthy homes of early modern Italian householders to the weight management activities and contraceptive practices of early twentieth-century British medical consumers, approaches the ‘reception’ problem in the history of medicine through both new sources and new readings of familiar materials. Its authors use evidence of consumption, co-production, and adaptation to dispute assumptions about the increasing insignificance of the household, suggesting that domestic spaces remained key sites of health and curing. Indeed, we argue that households across the early modern and modern periods adapted and expanded their activities in response to new opportunities with regard to the circulation of medical advice, goods and technologies. The essays not only recover the household as a place where healers of different sorts provided medical care but also conceptualised the home as a site of disease prevention and as a place to improve health.

Both the early modern and modern periods were marked by modification, innovation and change in domestic health practices. As Sandra Cavallo demonstrates, with her focus on the material culture of the sixteenth-century Italian home, it is possible to identify shifts in definitions of health hazards,

notably ideas concerning 'bad air', and the ways in which health advice, architecture and householders themselves were prompted to adapt their domestic environments to improve health and wellbeing. Here, close attention to the physical spaces of the household elicits new meanings from established texts, while displaying the power of domestic material culture to inform medical history. Drawing evidence from the multiplicity of homoeopathic advice books intended for domestic use and their accompanying medical kits, Marion Baschin reveals how the new system of homoeopathy captured and retained the attention of late nineteenth-century German householders, its relatively low cost extending its appeal. Claire Jones re-examines under-used parliamentary sources and reports on contraceptive practices alongside a rich material culture, from mail order catalogues and advertisements to the vending machines and the window displays of chemists' shops. This, Jones argues, exposes a vastly expanded range of possibilities for the purchase of contraceptive devices and a diversification of consumption patterns and consumers. Tinde van Andel's survey of the ways in which enslaved Africans in Suriname responded to the challenge of sourcing therapeutically useful plants in a new environment establishes the durability of household practices and therapies as well as the importance of domestic settings as sites for experimentation and absorption of new herbs and recipes from the New World. Her work also reflects the intriguing methodological possibilities of ethnobotany for early modern and modern historians.

The essays included here examine a diverse range of settings, shifting emphasis away from the United States (where scholarship on medicine in the

modern household, though still limited, is more advanced) to develop case studies from across Europe and the New World. Collectively, we seek to investigate global as well as liminal transits of information and goods.<sup>11</sup> New Imperial history has opened up the household and its inhabitants to a wider range of transnational forces, by exploring themes such as the impact of colonising regimes on native families; colonisers' efforts to protect themselves by sanitising native bodies and homes; and the ways in which the 'imperial periphery' worked to produce 'metropolitan transformations' in the homes of the allegedly civilised, including practices of personal hygiene and diet closely linked to disease prevention.<sup>12</sup> Studies of product manufacture and marketing offer similarly useful but thus far overlooked windows into the ways, means and extent of household agency.<sup>13</sup> Tinde van Andel's *longue durée* look at the global

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<sup>11</sup> See also Harold Cook, *Matters of Exchange: Commerce, Medicine, and Science in the Dutch Golden Age* (New Haven, NJ: Yale University Press, 2007).

<sup>12</sup> Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham, NC: Duke University Press, 2006); Anne McClintock, *Imperial Leather: Race, Gender, and Sexuality in the Colonial Contest* (New York: Routledge, 1995); Elizabeth Collingham, *Imperial Bodies: The Physical Experience of the Raj, c.1800-1947* (Cambridge: Polity, 2001).

<sup>13</sup> As well as the rapidly expanding literature on the pharmaceuticals industry, see Jill Fields, "'Fighting the Corsetless Evil': Shaping Corsets and Culture, 1900-1930', *Journal of Social History*, 1999, 33, 355-384; Kristin Hall, 'Selling Sexual Certainty?: Advertising Lysol as a Contraceptive in the United States and Canada, 1919-1939', *Enterprise and Society*, 2013, 14, 71-98.

trajectories of domestic medical adaptations, and Claire Jones' attention to commercial perspectives on the affordable rubber sheath, extend and amplify these themes through their focus on households as sites of health decision-making and consumption.

Scholarship focusing on the early modern period has encouraged us to think more critically about who exactly was involved in the 'doing' of household medicine, and as Cavallo and Jones suggest, we can widen this category significantly. For Cavallo, it certainly includes those involved in designing the homes of noble and prosperous Italian families. And while we still tend to assume that women were assigned a special interest in and obligation to look after the private spaces of health, historians – including in this edition, Jones and Baschin – have shown the domain of the household to include a far more diverse set of actors, including husbands and doctors. The fixed gender roles and status hierarchies assumed in early writing about domestic medicine have been replaced by a fluid set of questions about the way knowledge and practices may flow, between householders, doctors, manufacturers and retailers of medical advice and goods.

Information itself became a commodity to be collected and traded, and subject to the forces of dispersion and popularisation. If a book or an almanac became more cheaply available, thanks to moveable type and later the rotary press, more eyes or ears could access it. As women or workers became literate, and as the educated middle class expanded, they could read *Aristotle's Masterpiece*, periodical literature highlighting medical advances and new

approaches, an expanding domestic health advice literature, or texts produced by medical botanists, hydropathists and homoeopathists, directly urging domestic practice and that households control their own health.<sup>14</sup> Through the mechanisms of popularisation, the household becomes more permeable to all manner of scientific change. While increased production and acquisition does not equate with usage, as Charles Rosenberg has compellingly argued, the fact that many popular health books survive, often in shabby condition, annotated and expanded with torn out newspaper clippings, indicates that ‘These books were not just read; they were used’.<sup>15</sup> Advice literatures, lay, professional, and

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<sup>14</sup> Mary E. Fissell, ‘Hairy Women and Naked Truths: Gender and the Politics of Knowledge in “Aristotles’s Masterpiece”’, *The William and Mary Quarterly*, 3<sup>rd</sup> Series, 2003, 60, 43-74, and *Vernacular Bodies: The Politics of Reproduction in Early Modern England* (Oxford: Oxford University Press, 2004); Roy Porter, ‘Laymen, Doctors, and Medical Knowledge in the Eighteenth Century: The Evidence of the *Gentleman’s Magazine*’, in idem., ed., *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society* (Cambridge: Cambridge University Press, 1985), 138-68; Hilary Marland and Jane Adams, ‘Hydropathy at Home: The Water Cure and Domestic Healing in Mid-Nineteenth-Century Britain’, *Bulletin of the History of Medicine*, 2009, 83, 499-529; John V. Pickstone, ‘Medical Botany (Self-Help Medicine in Victorian England)’, *Memoirs of the Manchester Literary and Philosophical Society*, 1976-77, 119, 85-95.

<sup>15</sup> Charles Rosenberg, ‘Health in the Home: A Tradition of Print and Practice’, in idem., ed., *Right Living: An Anglo-American Tradition of Self-Help Medicine and*

commercial, are key sources in understanding the mixed medical oeconomy of the modern household, where such texts have proliferated to a scale unmatched in earlier periods. Baschin, Bivins and Marland, and Jones all explore the extraordinary diversity and richness of the health datasphere of modern householders, who were in turn adept developers of ‘paper hyperlinks’ between traditional, alternative, industrial, and professional knowledge.

Indeed, far from illustrating a sharp dichotomy between medical professionals and householders, domestic practices sometimes cooperated with professional medicine and often incorporated it (with and without adaptation to their own local circumstances and tastes). Many doctors encouraged such practices, producing, for example, medical guides for domestic usage and retailing a range of products from medicine chests, weighing devices, and the ingredients of recipes, to bathing equipment, inhalers and eye baths, all intended for domestic usage.<sup>16</sup> Graham Mooney has explored the ways in which sanatorium therapy was reconfigured for domestic spaces in Edwardian England, as household consumers were encouraged to draw on self-help

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*Hygiene* (Baltimore and London: Johns Hopkins University Press, 2003), 1-20 at 2.

<sup>16</sup> Hilary Marland, “‘The Diffusion of Useful Information’: Household Practice, Domestic Medical Guides and Medical Pluralism in Nineteenth-Century Britain’, in Robert Jütte, ed., *Medical Pluralism: Past – Present – Future, Yearbook Medizin, Gesellschaft und Geschichte*, 2013, 46, 81-100.

manuals and a range of consumer goods intended for home use.<sup>17</sup> Such commoditised co-operation is highlighted by Baschin, and Bivins and Marland, and often travelled alongside the rapid spread of new technologies of medical self-help and self-surveillance. These essays additionally highlight the importance of intermediaries and interpreters, as more and varied groups and individuals tried to earn or supplement a living by producing and selling 'useful knowledge' and goods. These might be authors of domestic guides, booksellers and publishers, journalists and newspaper proprietors, or retailers of medical equipment, devices and preparations.

Rather than positing science as an inquiry separate from commerce, a handful of pioneering and more recent studies, like several essays in this collection, show how science and commerce, medicine and technology intersected and interacted in the production of domestically useful – and thus *used* – knowledge. Historians have recently documented such activity among the good mothers who started to regularly weigh and record the weights of babies and keep precise baby diaries, and housewives adopting and adapting advice interpreting the new germ theories in their methods of cleaning their home.<sup>18</sup>

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<sup>17</sup> Graham Mooney, 'The Material Consumptive: Domesticating the Tuberculosis Patient in Edwardian England', *Journal of Historical Geography*, 2013, 42, 152-66.

<sup>18</sup> Tomes, *The Gospel of Germs*; Lyubov G. Gurjeva, 'Child Health, Commerce and Family Values: The Domestic Production of the Middle Class in Late-Nineteenth and Early-Twentieth-Century Britain', in Marijke Gijswijt-Hofstra and Hilary Marland, eds, *Cultures of Child Health in Britain and the Netherlands in the*

Here, we add to these active and adaptive householders Jones's consumers of contraceptive products, Baschin's eager learners and practitioners of homeopathy, and Bivins and Marland's keen or begrudging weight-watchers.

Focusing on the household as a key node in any medical marketplace, we would suggest, has analytical advantages. First, it strips away some of the ambiguities that have plagued recent studies of, for example, pharmaceuticals, public health advice, and medical technologies.<sup>19</sup> If it is hard to determine who is the true 'consumer' in a regulated medical marketplace – the doctors who

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*Twentieth Century* (Amsterdam and New York: Rodopi, 2003), 103-25; Barbara Ehrenreich and Deirdre English, *For Her Own Good: 150 Years of Experts' Advice to Women* (New York: Anchor Press/Doubleday, 1978); Rima Apple, *Mothers and Medicine: A Social History of Infant Feeding, 1890-1950* (Madison, WI: University of Wisconsin Press, 2005); Rima Apple, *Perfect Motherhood: Science and Childrearing in America* (New Brunswick, N.J.: Rutgers University Press, 2006).

<sup>19</sup> Rima D. Apple, *Vitamania: Vitamins in American Culture* (New Brunswick, N.J.: Rutgers University Press, 1996) drew attention to the challenges and opportunities presented by a regulated medical marketplace for historians interested in consumer agency. See also the complex web of choice and choosers in Andrea Tone, *The Age of Anxiety: A History of America's Turbulent Affair with Tranquilizers* (New York: Basic Books, 2009). For an insider's view of these tensions in contemporary drug regulation, see Frank Davidoff, 'Sex, Politics, and Morality at the FDA: Reflections on the Plan B Decision', *Hastings Center Report*, 2006, 36, 20-25.



prescribe? The consumers who demand? The state or other entities who foot the bill and assess the costs? – the lens of the household offers a clearer view. In this context, historians can assess not only who makes the decision to buy the bathroom scale and for whom, but who actually uses it. This approach, through close scrutiny of an inclusive and yet ostensibly private space, reveals new users, decision-makers and agents of medical change, from Jones' teen-age condom consumers to Bivins and Marland's secretive scale-using guests.

These studies do raise another question, and one with increasing traction across the history of domestic practices of health and healing: can we fruitfully distinguish between medical householders and medical consumers? This is not, we think, a site for dogmatism: often the medical householder and the medical consumer are clearly one and the same – householders in the modern period, certainly, exercised their power as decision makers most emphatically through consumption. As well as consuming commodified knowledge and medical commodities, householders rejected and altered these proffered goods. We would also argue that medical householders remained, in the modern period as in the early modern, producers as well as consumers of medical knowledge, whether through their pragmatic bricolage of information gathered from myriad information streams, or through their increasingly sophisticated self-surveillance and self-knowledge.